

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033911

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8072

STATE FILE NUMBER

F. FILED AUG 22 1963

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN *St. Louis*

Length of stay in Tb
1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE *Mo.* b. COUNTY *St. Louis*

c. CITY OR TOWN *St. Ann* Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION *St. John's Hospital*

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
10517 St. Henry La. Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Grace

Middle
M.

Last
Meara

4. DATE OF DEATH

Month
Aug.

Day
6,

Year
1963

5. SEX
F

6. COLOR OR RACE
W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
10-30-1910

9. AGE (last birthday)
52

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (City and state or country)
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Oliver J. Pelt

13b. MOTHER'S MAIDEN NAME

Nellie Pelt-nee Malone

14. NAME OF HUSBAND OR WIFE

John E. Meara

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT
Address *St. Ann, Mo.*
John E. Meara-10517 St. Henry La.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)
OK
Paul
Sept 8, 1963
Conditions, if any, which preceded or contributed to the underlying cause listed.

DUE TO (b) *Pneumo pneumonia*
DUE TO (c) *Terminal Metastatic Ovarian - adeno carcinoma of the ovary*

INTERVAL BETWEEN ONSET AND DEATH

about 2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
175.0

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her alive on *8-6-63*
Death occurred at *9:15 PM* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Donald Adie MD

22b. ADDRESS
950 Francis Pl. (5)

22c. DATE SIGNED
1/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
8-10-1963

23c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis, Mo.

24. FUNERAL DIRECTOR
ADDRESS
Baumann Bros. Inc.
2504 Woodson Rd., Overland 14, Mo.

25. DATE RECD. BY LOCAL REG.
AUG 8 1963

26. REGISTRAR'S SIGNATURE
Paul Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No.

3454

P.O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.